

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Roosevelt Warm Springs Rehabilitation Hospital
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	2,566,002
11 payments for services	2,375,193
12 annual covered charges	2,566,002
13 annual payments for services	2,375,193
14	
15 inpatient CCR	1.0496335
16	
17 annual cost of services	2,693,362
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	2,648,355
23 adjusted Medicaid payments for services	2,451,422
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	2,451,422
26 adjusted cost of services	2,779,803
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.543572
32 maximum annual payments (at DRG differential)	3,783,947
33	
34 maximum annual payments	3,783,947
35 facility specific UPL amount	1,332,525
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	0
39 allocation of supplemental payments	(313,180)
40 total aggregate limit adjustments	(313,180)
41	
42 UPL amount after aggregate limit adjustments	1,019,345
43 Amount paid in April 2013 for 1st - 3rd quarters	764,509
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>254,836</b>
45 Outpatient overpayment reduction	(2,943)
46 UPL funds - payout or recovery	251,893
47 Intergovernmental transfer amount	86,752
Net funds amount	165,141

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Georgia Health Sciences Medical Center
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	100,238,107
11 payments for services	35,230,821
12 annual covered charges	100,238,107
13 annual payments for services	35,230,821
14	
15 inpatient CCR	0.409169204
16	
17 annual cost of services	41,014,346
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	103,455,149
23 adjusted Medicaid payments for services	36,361,519
24 supplemental rate adjustment payments	4,958,525
25 total adjusted Medicaid payments	41,320,044
26 adjusted cost of services	42,330,660
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.543572
32 maximum annual payments (at DRG differential)	56,126,639
33	
34 maximum annual payments	56,126,639
35 facility specific UPL amount	14,806,595
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	0
39 allocation of supplemental payments	313,180
40 total aggregate limit adjustments	313,180
41	
42 UPL amount after aggregate limit adjustments	15,119,775
43 Amount paid in April 2013 for 1st - 3rd quarters	11,339,831
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>3,779,944</b>
45 Outpatient overpayment reduction	(1,336,130)
46 UPL funds - payout or recovery	2,443,814
47 Intergovernmental transfer amount	841,649
Net funds amount	1,602,165

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Appling Hospital
2 base period report period beginning date	09/01/09
3 base period report period ending date	08/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	3,513,263
11 payments for services	1,228,282
12 annual covered charges	3,513,263
13 annual payments for services	1,228,282
14	
15 inpatient CCR	0.310568119
16	
17 annual cost of services	1,091,107
18	
19 <u>adjustment factor</u>	
20 inflation	1.024440
21	
22 adjusted annual charges	3,599,127
23 adjusted Medicaid payments for services	1,258,301
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	1,258,301
26 adjusted cost of services	1,117,774
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	1,569,257
33	
34 maximum annual payments	1,569,257
35 facility specific UPL amount	310,956
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(976)
39 allocation of supplemental payments	(128,299)
40 total aggregate limit adjustments	(129,275)
41	
42 UPL amount after aggregate limit adjustments	181,681
43 Amount paid in April 2013 for 1st - 3rd quarters	136,261
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>45,420</b>
45 Outpatient overpayment reduction	(12,340)
46 UPL funds - payout or recovery	33,080
47 Intergovernmental transfer amount	11,393
Net funds amount	21,687

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Athens Regional Medical Center
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	50,547,578
11 payments for services	14,422,965
12 annual covered charges	50,547,578
13 annual payments for services	14,422,965
14	
15 inpatient CCR	0.356950592
16	
17 annual cost of services	18,042,988
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	51,591,638
23 adjusted Medicaid payments for services	14,720,871
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	14,720,871
26 adjusted cost of services	18,415,666
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	18,358,750
33	
34 maximum annual payments	18,358,750
35 facility specific UPL amount	3,637,879
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(11,421)
39 allocation of supplemental payments	(1,500,963)
40 total aggregate limit adjustments	(1,512,384)
41	
42 UPL amount after aggregate limit adjustments	2,125,495
43 Amount paid in April 2013 for 1st - 3rd quarters	1,594,121
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>531,374</b>
45 Outpatient overpayment reduction	(258,376)
46 UPL funds - payout or recovery	272,999
47 Intergovernmental transfer amount	94,021
Net funds amount	178,978

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Burke Medical Center
2 base period report period beginning date	06/01/09
3 base period report period ending date	05/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	1,026,581
11 payments for services	859,637
12 annual covered charges	1,026,581
13 annual payments for services	859,637
14	
15 inpatient CCR	0.668028999
16	
17 annual cost of services	685,786
18	
19 <u>adjustment factor</u>	
20 inflation	1.036494
21	
22 adjusted annual charges	1,064,045
23 adjusted Medicaid payments for services	891,009
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	891,009
26 adjusted cost of services	710,813
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	1,111,199
33	
34 maximum annual payments	1,111,199
35 facility specific UPL amount	220,190
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(691)
39 allocation of supplemental payments	(90,849)
40 total aggregate limit adjustments	(91,540)
41	
42 UPL amount after aggregate limit adjustments	128,650
43 Amount paid in April 2013 for 1st - 3rd quarters	96,488
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>32,162</b>
45 Outpatient overpayment reduction	(15,452)
46 UPL funds - payout or recovery	16,711
47 Intergovernmental transfer amount	5,755
Net funds amount	10,956

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Children's Healthcare of Atlanta- Hughes Spalding
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	3,894,191
11 payments for services	1,717,271
12 annual covered charges	3,894,191
13 annual payments for services	1,717,271
14	
15 inpatient CCR	0.342420078
16	
17 annual cost of services	1,333,449
18	
19 <u>adjustment factor</u>	
20 inflation	1.022716
21	
22 adjusted annual charges	3,982,651
23 adjusted Medicaid payments for services	1,756,281
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	1,756,281
26 adjusted cost of services	1,363,740
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	2,190,300
33	
34 maximum annual payments	2,190,300
35 facility specific UPL amount	434,019
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(1,363)
39 allocation of supplemental payments	(179,073)
40 total aggregate limit adjustments	(180,436)
41	
42 UPL amount after aggregate limit adjustments	253,583
43 Amount paid in April 2013 for 1st - 3rd quarters	190,187
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>63,396</b>
45 Outpatient overpayment reduction	(121,144)
46 UPL funds - payout or recovery	(57,748)
47 Intergovernmental transfer amount	(19,888)
Net funds amount	(37,860)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Coffee Regional Medical Center
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	8,373,746
11 payments for services	3,512,966
12 annual covered charges	8,373,746
13 annual payments for services	3,512,966
14	
15 inpatient CCR	0.388843875
16	
17 annual cost of services	3,256,080
18	
19 <u>adjustment factor</u>	
20 inflation	1.022716
21	
22 adjusted annual charges	8,563,964
23 adjusted Medicaid payments for services	3,592,767
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	3,592,767
26 adjusted cost of services	3,330,045
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	4,480,626
33	
34 maximum annual payments	4,480,626
35 facility specific UPL amount	887,859
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(2,787)
39 allocation of supplemental payments	(366,324)
40 total aggregate limit adjustments	(369,111)
41	
42 UPL amount after aggregate limit adjustments	518,748
43 Amount paid in April 2013 for 1st - 3rd quarters	389,061
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>129,687</b>
45 Outpatient overpayment reduction	(71,923)
46 UPL funds - payout or recovery	57,764
47 Intergovernmental transfer amount	19,894
Net funds amount	37,870

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Colquitt Regional Medical Center
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	5,945,619
11 payments for services	2,809,797
12 annual covered charges	5,945,619
13 annual payments for services	2,809,797
14	
15 inpatient CCR	0.526106197
16	
17 annual cost of services	3,128,027
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	6,068,426
23 adjusted Medicaid payments for services	2,867,833
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	2,867,833
26 adjusted cost of services	3,192,636
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	3,576,543
33	
34 maximum annual payments	3,576,543
35 facility specific UPL amount	708,710
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(2,225)
39 allocation of supplemental payments	(292,409)
40 total aggregate limit adjustments	(294,634)
41	
42 UPL amount after aggregate limit adjustments	414,076
43 Amount paid in April 2013 for 1st - 3rd quarters	310,557
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>103,519</b>
45 Outpatient overpayment reduction	(79,475)
46 UPL funds - payout or recovery	24,044
47 Intergovernmental transfer amount	8,281
Net funds amount	15,763



Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Cook Medical Center
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	1,104,506
11 payments for services	541,723
12 annual covered charges	1,104,506
13 annual payments for services	541,723
14	
15 inpatient CCR	0.430146338
16	
17 annual cost of services	475,099
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	1,139,954
23 adjusted Medicaid payments for services	559,109
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	559,109
26 adjusted cost of services	490,347
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	697,278
33	
34 maximum annual payments	697,278
35 facility specific UPL amount	138,169
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(434)
39 allocation of supplemental payments	(57,007)
40 total aggregate limit adjustments	(57,441)
41	
42 UPL amount after aggregate limit adjustments	80,728
43 Amount paid in April 2013 for 1st - 3rd quarters	40,364
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>0</b>
45 Outpatient overpayment reduction	(7,833)
46 UPL funds - payout or recovery	(7,833)
47 Intergovernmental transfer amount	(2,577)
Net funds amount	(5,256)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Crisp Regional Medical Center
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	4,496,694
11 payments for services	2,265,309
12 annual covered charges	4,496,694
13 annual payments for services	2,265,309
14	
15 inpatient CCR	0.485417321
16	
17 annual cost of services	2,182,773
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	4,641,011
23 adjusted Medicaid payments for services	2,338,012
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	2,338,012
26 adjusted cost of services	2,252,827
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	2,915,791
33	
34 maximum annual payments	2,915,791
35 facility specific UPL amount	577,779
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(1,814)
39 allocation of supplemental payments	(238,387)
40 total aggregate limit adjustments	(240,201)
41	
42 UPL amount after aggregate limit adjustments	337,578
43 Amount paid in April 2013 for 1st - 3rd quarters	253,184
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>84,394</b>
45 Outpatient overpayment reduction	(33,189)
46 UPL funds - payout or recovery	51,205
47 Intergovernmental transfer amount	17,635
Net funds amount	33,570

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Dekalb Medical Center
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	55,142,828
11 payments for services	19,800,023
12 annual covered charges	55,142,828
13 annual payments for services	19,800,023
14	
15 inpatient CCR	0.409630157
16	
17 annual cost of services	22,588,165
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	56,912,582
23 adjusted Medicaid payments for services	20,435,485
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	20,435,485
26 adjusted cost of services	23,313,110
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	25,485,582
33	
34 maximum annual payments	25,485,582
35 facility specific UPL amount	5,050,097
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(15,854)
39 allocation of supplemental payments	(2,083,633)
40 total aggregate limit adjustments	(2,099,487)
41	
42 UPL amount after aggregate limit adjustments	2,950,610
43 Amount paid in April 2013 for 1st - 3rd quarters	2,212,958
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>737,652</b>
45 Outpatient overpayment reduction	(220,989)
46 UPL funds - payout or recovery	516,663
47 Intergovernmental transfer amount	177,939
Net funds amount	338,724

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Dekalb Medical Center - Hillandale
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	7,958,976
11 payments for services	2,773,939
12 annual covered charges	7,958,976
13 annual payments for services	2,773,939
14	
15 inpatient CCR	0.466282786
16	
17 annual cost of services	3,711,134
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	8,214,411
23 adjusted Medicaid payments for services	2,862,966
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	2,862,966
26 adjusted cost of services	3,830,239
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	3,570,473
33	
34 maximum annual payments	3,570,473
35 facility specific UPL amount	707,507
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(2,221)
39 allocation of supplemental payments	(291,912)
40 total aggregate limit adjustments	(294,133)
41	
42 UPL amount after aggregate limit adjustments	413,374
43 Amount paid in April 2013 for 1st - 3rd quarters	310,031
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>103,343</b>
45 Outpatient overpayment reduction	(108,273)
46 UPL funds - payout or recovery	(4,930)
47 Intergovernmental transfer amount	(1,698)
Net funds amount	(3,232)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Doctors Hospital - Columbus
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	12,546,896
11 payments for services	3,020,033
12 annual covered charges	12,546,896
13 annual payments for services	3,020,033
14	
15 inpatient CCR	0.31327937
16	
17 annual cost of services	3,930,684
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	12,949,576
23 adjusted Medicaid payments for services	3,116,958
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	3,116,958
26 adjusted cost of services	4,056,835
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	3,887,233
33	
34 maximum annual payments	3,887,233
35 facility specific UPL amount	770,275
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(2,418)
39 allocation of supplemental payments	(317,810)
40 total aggregate limit adjustments	(320,228)
41	
42 UPL amount after aggregate limit adjustments	450,047
43 Amount paid in April 2013 for 1st - 3rd quarters	337,535
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>112,512</b>
45 Outpatient overpayment reduction	(90,562)
46 UPL funds - payout or recovery	21,950
47 Intergovernmental transfer amount	7,560
Net funds amount	14,390

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Dodge County Hospital
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	2,919,677
11 payments for services	1,576,715
12 annual covered charges	2,919,677
13 annual payments for services	1,576,715
14	
15 inpatient CCR	0.436291942
16	
17 annual cost of services	1,273,832
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	2,979,983
23 adjusted Medicaid payments for services	1,609,282
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	1,609,282
26 adjusted cost of services	1,300,143
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	2,006,974
33	
34 maximum annual payments	2,006,974
35 facility specific UPL amount	397,692
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(1,248)
39 allocation of supplemental payments	(164,085)
40 total aggregate limit adjustments	(165,333)
41	
42 UPL amount after aggregate limit adjustments	232,359
43 Amount paid in April 2013 for 1st - 3rd quarters	174,269
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>58,090</b>
45 Outpatient overpayment reduction	(49,466)
46 UPL funds - payout or recovery	8,624
47 Intergovernmental transfer amount	2,970
Net funds amount	5,654

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Elbert Memorial Hospital
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	829,652
11 payments for services	429,563
12 annual covered charges	829,652
13 annual payments for services	429,563
14	
15 inpatient CCR	0.394315882
16	
17 annual cost of services	327,145
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	856,279
23 adjusted Medicaid payments for services	443,349
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	443,349
26 adjusted cost of services	337,644
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	552,911
33	
34 maximum annual payments	552,911
35 facility specific UPL amount	109,562
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(344)
39 allocation of supplemental payments	(45,205)
40 total aggregate limit adjustments	(45,549)
41	
42 UPL amount after aggregate limit adjustments	64,013
43 Amount paid in April 2013 for 1st - 3rd quarters	48,010
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>16,003</b>
45 Outpatient overpayment reduction	(16,542)
46 UPL funds - payout or recovery	(539)
47 Intergovernmental transfer amount	(186)
Net funds amount	(353)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Emanuel Medical Center
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	2,435,910
11 payments for services	1,036,411
12 annual covered charges	2,435,910
13 annual payments for services	1,036,411
14	
15 inpatient CCR	0.402730662
16	
17 annual cost of services	981,016
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	2,514,088
23 adjusted Medicaid payments for services	1,069,674
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	1,069,674
26 adjusted cost of services	1,012,501
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	1,334,016
33	
34 maximum annual payments	1,334,016
35 facility specific UPL amount	264,342
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(830)
39 allocation of supplemental payments	(109,066)
40 total aggregate limit adjustments	(109,896)
41	
42 UPL amount after aggregate limit adjustments	154,446
43 Amount paid in April 2013 for 1st - 3rd quarters	115,835
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>38,611</b>
45 Outpatient overpayment reduction	(34,955)
46 UPL funds - payout or recovery	3,656
47 Intergovernmental transfer amount	1,259
Net funds amount	2,397



Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Erlanger at Hutcheson
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	8,088,610
11 payments for services	2,571,332
12 annual covered charges	8,088,610
13 annual payments for services	2,571,332
14	
15 inpatient CCR	0.434462717
16	
17 annual cost of services	3,514,199
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	8,255,680
23 adjusted Medicaid payments for services	2,624,443
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	2,624,443
26 adjusted cost of services	3,586,785
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	3,273,006
33	
34 maximum annual payments	3,273,006
35 facility specific UPL amount	648,563
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(2,036)
39 allocation of supplemental payments	(267,592)
40 total aggregate limit adjustments	(269,628)
41	
42 UPL amount after aggregate limit adjustments	378,935
43 Amount paid in April 2013 for 1st - 3rd quarters	284,201
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>94,734</b>
45 Outpatient overpayment reduction	(104,890)
46 UPL funds - payout or recovery	(10,156)
47 Intergovernmental transfer amount	(3,498)
Net funds amount	(6,658)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Evans Memorial Hospital
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	1,473,440
11 payments for services	559,365
12 annual covered charges	1,473,440
13 annual payments for services	559,365
14	
15 inpatient CCR	0.350580553
16	
17 annual cost of services	516,559
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	1,503,874
23 adjusted Medicaid payments for services	570,919
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	570,919
26 adjusted cost of services	527,229
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	712,007
33	
34 maximum annual payments	712,007
35 facility specific UPL amount	141,088
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(443)
39 allocation of supplemental payments	(58,212)
40 total aggregate limit adjustments	(58,655)
41	
42 UPL amount after aggregate limit adjustments	82,433
43 Amount paid in April 2013 for 1st - 3rd quarters	61,825
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>20,608</b>
45 Outpatient overpayment reduction	(12,485)
46 UPL funds - payout or recovery	8,123
47 Intergovernmental transfer amount	2,798
Net funds amount	5,325

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Floyd Medical Center
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	45,765,017
11 payments for services	12,224,782
12 annual covered charges	45,765,017
13 annual payments for services	12,224,782
14	
15 inpatient CCR	0.370923537
16	
17 annual cost of services	16,975,322
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	47,233,799
23 adjusted Medicaid payments for services	12,617,124
24 supplemental rate adjustment payments	1,138,065
25 total adjusted Medicaid payments	13,755,189
26 adjusted cost of services	17,520,128
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	15,735,117
33	
34 maximum annual payments	15,735,117
35 facility specific UPL amount	1,979,928
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(9,788)
39 allocation of supplemental payments	(148,396)
40 total aggregate limit adjustments	(158,184)
41	
42 UPL amount after aggregate limit adjustments	1,821,744
43 Amount paid in April 2013 for 1st - 3rd quarters	1,366,308
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>455,436</b>
45 Outpatient overpayment reduction	(264,060)
46 UPL funds - payout or recovery	191,377
47 Intergovernmental transfer amount	65,910
Net funds amount	125,467

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Grady General Hospital
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	1,822,256
11 payments for services	796,081
12 annual covered charges	1,822,256
13 annual payments for services	796,081
14	
15 inpatient CCR	0.547734628
16	
17 annual cost of services	998,113
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	1,859,895
23 adjusted Medicaid payments for services	812,524
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	812,524
26 adjusted cost of services	1,018,729
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	1,013,318
33	
34 maximum annual payments	1,013,318
35 facility specific UPL amount	200,794
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(630)
39 allocation of supplemental payments	(82,846)
40 total aggregate limit adjustments	(83,476)
41	
42 UPL amount after aggregate limit adjustments	117,318
43 Amount paid in April 2013 for 1st - 3rd quarters	87,989
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>29,329</b>
45 Outpatient overpayment reduction	(14,918)
46 UPL funds - payout or recovery	14,411
47 Intergovernmental transfer amount	4,963
Net funds amount	9,448

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Grady Memorial Hospital
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	265,573,751
11 payments for services	81,706,957
12 annual covered charges	265,573,751
13 annual payments for services	81,706,957
14	
15 inpatient CCR	0.31376226
16	
17 annual cost of services	83,327,020
18	
19 <u>adjustment factor</u>	
20 inflation	1.022716
21	
22 adjusted annual charges	271,606,524
23 adjusted Medicaid payments for services	83,563,012
24 supplemental rate adjustment payments	26,022,568
25 total adjusted Medicaid payments	109,585,580
26 adjusted cost of services	85,219,877
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	104,213,432
33	
34 maximum annual payments	104,213,432
35 facility specific UPL amount	(5,372,148)
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(64,829)
39 allocation of supplemental payments	17,502,355
40 total aggregate limit adjustments	17,437,526
41	
42 UPL amount after aggregate limit adjustments	12,065,378
43 Amount paid in April 2013 for 1st - 3rd quarters	9,049,034
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>3,016,344</b>
45 Outpatient overpayment reduction	(788,270)
46 UPL funds - payout or recovery	2,228,074
47 Intergovernmental transfer amount	767,349
Net funds amount	1,460,725

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Gwinnett Medical Center - Duluth
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	5,713,285
11 payments for services	2,174,007
12 annual covered charges	5,713,285
13 annual payments for services	2,174,007
14	
15 inpatient CCR	0.556575
16	
17 annual cost of services	3,179,872
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	5,896,647
23 adjusted Medicaid payments for services	2,243,780
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	2,243,780
26 adjusted cost of services	3,281,927
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	2,798,272
33	
34 maximum annual payments	2,798,272
35 facility specific UPL amount	554,492
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(1,741)
39 allocation of supplemental payments	(228,779)
40 total aggregate limit adjustments	(230,520)
41	
42 UPL amount after aggregate limit adjustments	323,972
43 Amount paid in April 2013 for 1st - 3rd quarters	242,979
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>80,993</b>
45 Outpatient overpayment reduction	(37,108)
46 UPL funds - payout or recovery	43,885
47 Intergovernmental transfer amount	15,114
Net funds amount	28,771

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Gwinnett Medical Center - Lawrenceville
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	45,394,711
11 payments for services	18,742,851
12 annual covered charges	45,394,711
13 annual payments for services	18,742,851
14	
15 inpatient CCR	0.557819595
16	
17 annual cost of services	25,322,059
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	46,851,609
23 adjusted Medicaid payments for services	19,344,384
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	19,344,384
26 adjusted cost of services	26,134,745
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	24,124,844
33	
34 maximum annual payments	24,124,844
35 facility specific UPL amount	4,780,460
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(15,008)
39 allocation of supplemental payments	(1,972,383)
40 total aggregate limit adjustments	(1,987,391)
41	
42 UPL amount after aggregate limit adjustments	2,793,069
43 Amount paid in April 2013 for 1st - 3rd quarters	2,094,802
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>698,267</b>
45 Outpatient overpayment reduction	(157,819)
46 UPL funds - payout or recovery	540,449
47 Intergovernmental transfer amount	186,130
Net funds amount	354,319

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Habersham Medical Center
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	2,362,658
11 payments for services	1,327,063
12 annual covered charges	2,362,658
13 annual payments for services	1,327,063
14	
15 inpatient CCR	0.556262141
16	
17 annual cost of services	1,314,257
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	2,438,485
23 adjusted Medicaid payments for services	1,369,654
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	1,369,654
26 adjusted cost of services	1,356,437
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	1,708,128
33	
34 maximum annual payments	1,708,128
35 facility specific UPL amount	338,474
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(1,063)
39 allocation of supplemental payments	(139,652)
40 total aggregate limit adjustments	(140,715)
41	
42 UPL amount after aggregate limit adjustments	197,759
43 Amount paid in April 2013 for 1st - 3rd quarters	148,319
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>49,440</b>
45 Outpatient overpayment reduction	(28,634)
46 UPL funds - payout or recovery	20,806
47 Intergovernmental transfer amount	7,166
Net funds amount	13,640



Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Houston Medical Center
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	17,766,508
11 payments for services	6,633,683
12 annual covered charges	17,766,508
13 annual payments for services	6,633,683
14	
15 inpatient CCR	0.476180547
16	
17 annual cost of services	8,460,066
18	
19 <u>adjustment factor</u>	
20 inflation	1.022716
21	
22 adjusted annual charges	18,170,092
23 adjusted Medicaid payments for services	6,784,374
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	6,784,374
26 adjusted cost of services	8,652,245
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	8,460,955
33	
34 maximum annual payments	8,460,955
35 facility specific UPL amount	1,676,581
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(5,263)
39 allocation of supplemental payments	(691,745)
40 total aggregate limit adjustments	(697,008)
41	
42 UPL amount after aggregate limit adjustments	979,573
43 Amount paid in April 2013 for 1st - 3rd quarters	734,680
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>244,893</b>
45 Outpatient overpayment reduction	(102,877)
46 UPL funds - payout or recovery	142,016
47 Intergovernmental transfer amount	48,910
Net funds amount	93,106

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Hughston Hospital Inc.	
2 base period report period beginning date		07/01/09
3 base period report period ending date		06/30/10
4		
5 adjustment factor (if period not equal to 1 year)		1.0000
6		
7 CAH status (1 = yes)		0
8		
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>		
10 covered charges		1,745,944
11 payments for services		341,539
12 annual covered charges		1,745,944
13 annual payments for services		341,539
14		
15 inpatient CCR		0.307063346
16		
17 annual cost of services		536,115
18		
19 <u>adjustment factor</u>		
20 inflation		1.032094
21		
22 adjusted annual charges		1,801,978
23 adjusted Medicaid payments for services		352,500
24 supplemental rate adjustment payments		0
25 total adjusted Medicaid payments		352,500
26 adjusted cost of services		553,321
27		
28 <u>other UPL calculation data</u>		
29 provider category for UPL calculation	Non-State Govt.	
30 basis for UPL calculation	DRG differential	
31 DRG differential adjustment rate		1.247124
32 maximum annual payments (at DRG differential)		439,611
33		
34 maximum annual payments		439,611
35 facility specific UPL amount		87,111
36		
37 <u>aggregate limit adjustments</u>		
38 allocation of UPL amounts < 0		(273)
39 allocation of supplemental payments		(35,942)
40 total aggregate limit adjustments		(36,215)
41		
42 UPL amount after aggregate limit adjustments		50,896
43 Amount paid in April 2013 for 1st - 3rd quarters		38,172
44 <b>SFY2013 4th quarter UPL adjustment</b>		<b>12,724</b>
45 Outpatient overpayment reduction		(813)
46 UPL funds - payout or recovery		11,912
47 Intergovernmental transfer amount		4,102
Net funds amount		7,810

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Irwin County Hospital
2 base period report period beginning date	12/01/09
3 base period report period ending date	11/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	1,681,143
11 payments for services	876,777
12 annual covered charges	1,681,143
13 annual payments for services	876,777
14	
15 inpatient CCR	0.541190805
16	
17 annual cost of services	909,819
18	
19 <u>adjustment factor</u>	
20 inflation	1.022028
21	
22 adjusted annual charges	1,718,175
23 adjusted Medicaid payments for services	896,091
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	896,091
26 adjusted cost of services	929,860
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	1,117,537
33	
34 maximum annual payments	1,117,537
35 facility specific UPL amount	221,446
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(695)
39 allocation of supplemental payments	(91,367)
40 total aggregate limit adjustments	(92,062)
41	
42 UPL amount after aggregate limit adjustments	129,384
43 Amount paid in April 2013 for 1st - 3rd quarters	97,038
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>32,346</b>
45 Outpatient overpayment reduction	(11,078)
46 UPL funds - payout or recovery	21,269
47 Intergovernmental transfer amount	7,325
Net funds amount	13,944

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Jefferson Hospital	
2 base period report period beginning date		01/01/10
3 base period report period ending date		12/31/10
4		
5 adjustment factor (if period not equal to 1 year)		1.0000
6		
7 CAH status (1 = yes)		0
8		
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>		
10 covered charges		723,608
11 payments for services		583,440
12 annual covered charges		723,608
13 annual payments for services		583,440
14		
15 inpatient CCR		0.468195012
16		
17 annual cost of services		338,790
18		
19 <u>adjustment factor</u>		
20 inflation		1.022716
21		
22 adjusted annual charges		740,045
23 adjusted Medicaid payments for services		596,693
24 supplemental rate adjustment payments		0
25 total adjusted Medicaid payments		596,693
26 adjusted cost of services		346,486
27		
28 <u>other UPL calculation data</u>		
29 provider category for UPL calculation	Non-State Govt.	
30 basis for UPL calculation	DRG differential	
31 DRG differential adjustment rate		1.247124
32 maximum annual payments (at DRG differential)		744,150
33		
34 maximum annual payments		744,150
35 facility specific UPL amount		147,457
36		
37 <u>aggregate limit adjustments</u>		
38 allocation of UPL amounts < 0		(463)
39 allocation of supplemental payments		(60,840)
40 total aggregate limit adjustments		(61,303)
41		
42 UPL amount after aggregate limit adjustments		86,154
43 Amount paid in April 2013 for 1st - 3rd quarters		64,616
44 <b>SFY2013 4th quarter UPL adjustment</b>		<b>21,538</b>
45 Outpatient overpayment reduction		(16,563)
46 UPL funds - payout or recovery		4,976
47 Intergovernmental transfer amount		1,714
Net funds amount		3,262

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Mayo Clinic Health System in Waycross, Inc.
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	15,628,116
11 payments for services	6,021,012
12 annual covered charges	15,628,116
13 annual payments for services	6,021,012
14	
15 inpatient CCR	0.44163747
16	
17 annual cost of services	6,901,962
18	
19 <u>adjustment factor</u>	
20 inflation	1.022716
21	
22 adjusted annual charges	15,983,124
23 adjusted Medicaid payments for services	6,157,785
24 supplemental rate adjustment payments	365,779
25 total adjusted Medicaid payments	6,523,564
26 adjusted cost of services	7,058,747
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	7,679,521
33	
34 maximum annual payments	7,679,521
35 facility specific UPL amount	1,155,957
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(4,777)
39 allocation of supplemental payments	(262,078)
40 total aggregate limit adjustments	(266,855)
41	
42 UPL amount after aggregate limit adjustments	889,102
43 Amount paid in April 2013 for 1st - 3rd quarters	666,826
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>222,276</b>
45 Outpatient overpayment reduction	(212,945)
46 UPL funds - payout or recovery	9,331
47 Intergovernmental transfer amount	3,214
Net funds amount	6,117

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Meadows Regional Medical Center
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	9,724,625
11 payments for services	3,350,502
12 annual covered charges	9,724,625
13 annual payments for services	3,350,502
14	
15 inpatient CCR	0.354797665
16	
17 annual cost of services	3,450,274
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	10,036,727
23 adjusted Medicaid payments for services	3,458,033
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	3,458,033
26 adjusted cost of services	3,561,007
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	4,312,596
33	
34 maximum annual payments	4,312,596
35 facility specific UPL amount	854,563
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(2,683)
39 allocation of supplemental payments	(352,586)
40 total aggregate limit adjustments	(355,269)
41	
42 UPL amount after aggregate limit adjustments	499,294
43 Amount paid in April 2013 for 1st - 3rd quarters	374,471
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>124,823</b>
45 Outpatient overpayment reduction	(71,544)
46 UPL funds - payout or recovery	53,279
47 Intergovernmental transfer amount	18,349
Net funds amount	34,930

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Medical Center of Central GA
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	143,064,917
11 payments for services	42,384,571
12 annual covered charges	143,064,917
13 annual payments for services	42,384,571
14	
15 inpatient CCR	0.317482879
16	
17 annual cost of services	45,420,662
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	146,019,923
23 adjusted Medicaid payments for services	43,260,024
24 supplemental rate adjustment payments	5,150,103
25 total adjusted Medicaid payments	48,410,127
26 adjusted cost of services	46,358,826
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	53,950,611
33	
34 maximum annual payments	53,950,611
35 facility specific UPL amount	5,540,484
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(33,562)
39 allocation of supplemental payments	739,244
40 total aggregate limit adjustments	705,682
41	
42 UPL amount after aggregate limit adjustments	6,246,166
43 Amount paid in April 2013 for 1st - 3rd quarters	4,684,624
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>1,561,542</b>
45 Outpatient overpayment reduction	(676,251)
46 UPL funds - payout or recovery	885,291
47 Intergovernmental transfer amount	304,894
Net funds amount	580,397

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Memorial Health Univ. Med Ctr
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	89,062,667
11 payments for services	25,716,584
12 annual covered charges	89,062,667
13 annual payments for services	25,716,584
14	
15 inpatient CCR	0.320662035
16	
17 annual cost of services	28,559,016
18	
19 <u>adjustment factor</u>	
20 inflation	1.022716
21	
22 adjusted annual charges	91,085,815
23 adjusted Medicaid payments for services	26,300,762
24 supplemental rate adjustment payments	4,533,108
25 total adjusted Medicaid payments	30,833,870
26 adjusted cost of services	29,207,763
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	32,800,310
33	
34 maximum annual payments	32,800,310
35 facility specific UPL amount	1,966,440
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(20,404)
39 allocation of supplemental payments	1,851,441
40 total aggregate limit adjustments	1,831,037
41	
42 UPL amount after aggregate limit adjustments	3,797,477
43 Amount paid in April 2013 for 1st - 3rd quarters	2,848,108
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>949,369</b>
45 Outpatient overpayment reduction	(320,407)
46 UPL funds - payout or recovery	628,962
47 Intergovernmental transfer amount	216,615
Net funds amount	412,347



Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Memorial Hospital - Bainbridge
2 base period report period beginning date	04/01/09
3 base period report period ending date	03/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	2,373,141
11 payments for services	1,219,917
12 annual covered charges	2,373,141
13 annual payments for services	1,219,917
14	
15 inpatient CCR	0.504696895
16	
17 annual cost of services	1,197,717
18	
19 <u>adjustment factor</u>	
20 inflation	1.045408
21	
22 adjusted annual charges	2,480,901
23 adjusted Medicaid payments for services	1,275,311
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	1,275,311
26 adjusted cost of services	1,252,103
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	1,590,471
33	
34 maximum annual payments	1,590,471
35 facility specific UPL amount	315,160
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(989)
39 allocation of supplemental payments	(130,033)
40 total aggregate limit adjustments	(131,022)
41	
42 UPL amount after aggregate limit adjustments	184,138
43 Amount paid in April 2013 for 1st - 3rd quarters	138,104
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>46,034</b>
45 Outpatient overpayment reduction	(19,546)
46 UPL funds - payout or recovery	26,488
47 Intergovernmental transfer amount	9,122
Net funds amount	17,366

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Murray Medical Center	
2 base period report period beginning date		10/01/09
3 base period report period ending date		09/30/10
4		
5 adjustment factor (if period not equal to 1 year)		1.0000
6		
7 CAH status (1 = yes)		0
8		
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>		
10 covered charges		866,511
11 payments for services		360,585
12 annual covered charges		866,511
13 annual payments for services		360,585
14		
15 inpatient CCR		0.366327348
16		
17 annual cost of services		317,427
18		
19 <u>adjustment factor</u>		
20 inflation		1.020655
21		
22 adjusted annual charges		884,409
23 adjusted Medicaid payments for services		368,033
24 supplemental rate adjustment payments		0
25 total adjusted Medicaid payments		368,033
26 adjusted cost of services		323,983
27		
28 <u>other UPL calculation data</u>		
29 provider category for UPL calculation	Non-State Govt.	
30 basis for UPL calculation	DRG differential	
31 DRG differential adjustment rate		1.247124
32 maximum annual payments (at DRG differential)		458,983
33		
34 maximum annual payments		458,983
35 facility specific UPL amount		90,950
36		
37 <u>aggregate limit adjustments</u>		
38 allocation of UPL amounts < 0		(286)
39 allocation of supplemental payments		(37,525)
40 total aggregate limit adjustments		(37,811)
41		
42 UPL amount after aggregate limit adjustments		53,139
43 Amount paid in April 2013 for 1st - 3rd quarters		39,854
44 <b>SFY2013 4th quarter UPL adjustment</b>		<b>13,285</b>
45 Outpatient overpayment reduction		(26,793)
46 UPL funds - payout or recovery		(13,508)
47 Intergovernmental transfer amount		(4,652)
Net funds amount		(8,856)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Newton Medical Center
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	6,290,316
11 payments for services	2,540,703
12 annual covered charges	6,290,316
13 annual payments for services	2,540,703
14	
15 inpatient CCR	0.389612539
16	
17 annual cost of services	2,450,786
18	
19 <u>adjustment factor</u>	
20 inflation	1.022716
21	
22 adjusted annual charges	6,433,207
23 adjusted Medicaid payments for services	2,598,418
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	2,598,418
26 adjusted cost of services	2,506,458
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	3,240,549
33	
34 maximum annual payments	3,240,549
35 facility specific UPL amount	642,131
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(2,016)
39 allocation of supplemental payments	(264,939)
40 total aggregate limit adjustments	(266,955)
41	
42 UPL amount after aggregate limit adjustments	375,176
43 Amount paid in April 2013 for 1st - 3rd quarters	281,382
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>93,794</b>
45 Outpatient overpayment reduction	(94,065)
46 UPL funds - payout or recovery	(271)
47 Intergovernmental transfer amount	(93)
Net funds amount	(178)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Northeast GA Medical Center
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	72,936,615
11 payments for services	22,302,467
12 annual covered charges	72,936,615
13 annual payments for services	22,302,467
14	
15 inpatient CCR	0.365467487
16	
17 annual cost of services	26,655,961
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	74,443,121
23 adjusted Medicaid payments for services	22,763,124
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	22,763,124
26 adjusted cost of services	27,206,540
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	28,388,437
33	
34 maximum annual payments	28,388,437
35 facility specific UPL amount	5,625,313
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(17,660)
39 allocation of supplemental payments	(2,320,963)
40 total aggregate limit adjustments	(2,338,623)
41	
42 UPL amount after aggregate limit adjustments	3,286,690
43 Amount paid in April 2013 for 1st - 3rd quarters	2,465,018
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>821,672</b>
45 Outpatient overpayment reduction	(379,297)
46 UPL funds - payout or recovery	442,376
47 Intergovernmental transfer amount	152,354
Net funds amount	290,022

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Northside - Cherokee
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	11,505,573
11 payments for services	3,590,304
12 annual covered charges	11,505,573
13 annual payments for services	3,590,304
14	
15 inpatient CCR	0.3048298
16	
17 annual cost of services	3,507,242
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	11,743,221
23 adjusted Medicaid payments for services	3,664,462
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	3,664,462
26 adjusted cost of services	3,579,684
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	4,570,038
33	
34 maximum annual payments	4,570,038
35 facility specific UPL amount	905,576
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(2,843)
39 allocation of supplemental payments	(373,634)
40 total aggregate limit adjustments	(376,477)
41	
42 UPL amount after aggregate limit adjustments	529,099
43 Amount paid in April 2013 for 1st - 3rd quarters	396,824
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>132,275</b>
45 Outpatient overpayment reduction	(99,112)
46 UPL funds - payout or recovery	33,164
47 Intergovernmental transfer amount	11,422
Net funds amount	21,742

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Northside - Forsyth
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	17,672,836
11 payments for services	4,622,286
12 annual covered charges	17,672,836
13 annual payments for services	4,622,286
14	
15 inpatient CCR	0.971200002
16	
17 annual cost of services	17,163,858
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	18,037,868
23 adjusted Medicaid payments for services	4,717,759
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	4,717,759
26 adjusted cost of services	17,518,377
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	5,883,630
33	
34 maximum annual payments	5,883,630
35 facility specific UPL amount	1,165,871
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(3,660)
39 allocation of supplemental payments	(481,030)
40 total aggregate limit adjustments	(484,690)
41	
42 UPL amount after aggregate limit adjustments	681,181
43 Amount paid in April 2013 for 1st - 3rd quarters	510,886
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>170,295</b>
45 Outpatient overpayment reduction	(75,700)
46 UPL funds - payout or recovery	94,595
47 Intergovernmental transfer amount	32,579
Net funds amount	62,016

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Northside Hospital
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	62,884,968
11 payments for services	17,145,850
12 annual covered charges	62,884,968
13 annual payments for services	17,145,850
14	
15 inpatient CCR	0.379592946
16	
17 annual cost of services	23,870,690
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	64,183,857
23 adjusted Medicaid payments for services	17,499,998
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	17,499,998
26 adjusted cost of services	24,363,739
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	21,824,666
33	
34 maximum annual payments	21,824,666
35 facility specific UPL amount	4,324,668
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(13,577)
39 allocation of supplemental payments	(1,784,327)
40 total aggregate limit adjustments	(1,797,904)
41	
42 UPL amount after aggregate limit adjustments	2,526,764
43 Amount paid in April 2013 for 1st - 3rd quarters	1,895,073
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>631,691</b>
45 Outpatient overpayment reduction	(133,510)
46 UPL funds - payout or recovery	498,182
47 Intergovernmental transfer amount	171,574
Net funds amount	326,608

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Oconee Regional Medical Center
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	7,859,396
11 payments for services	2,917,215
12 annual covered charges	7,859,396
13 annual payments for services	2,917,215
14	
15 inpatient CCR	0.441379011
16	
17 annual cost of services	3,468,972
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	8,021,732
23 adjusted Medicaid payments for services	2,977,470
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	2,977,470
26 adjusted cost of services	3,540,624
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	3,713,274
33	
34 maximum annual payments	3,713,274
35 facility specific UPL amount	735,804
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(2,310)
39 allocation of supplemental payments	(303,587)
40 total aggregate limit adjustments	(305,897)
41	
42 UPL amount after aggregate limit adjustments	429,907
43 Amount paid in April 2013 for 1st - 3rd quarters	322,430
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>107,477</b>
45 Outpatient overpayment reduction	(57,127)
46 UPL funds - payout or recovery	50,351
47 Intergovernmental transfer amount	17,341
Net funds amount	33,010



Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Perry Hospital
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	1,442,197
11 payments for services	582,851
12 annual covered charges	1,442,197
13 annual payments for services	582,851
14	
15 inpatient CCR	0.495857555
16	
17 annual cost of services	715,124
18	
19 <u>adjustment factor</u>	
20 inflation	1.022716
21	
22 adjusted annual charges	1,474,958
23 adjusted Medicaid payments for services	596,091
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	596,091
26 adjusted cost of services	731,369
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	743,399
33	
34 maximum annual payments	743,399
35 facility specific UPL amount	147,308
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(462)
39 allocation of supplemental payments	(60,778)
40 total aggregate limit adjustments	(61,240)
41	
42 UPL amount after aggregate limit adjustments	86,068
43 Amount paid in April 2013 for 1st - 3rd quarters	64,551
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>21,517</b>
45 Outpatient overpayment reduction	(13,052)
46 UPL funds - payout or recovery	8,465
47 Intergovernmental transfer amount	2,915
Net funds amount	5,550

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Phoebe Dorminy Medical Center
2 base period report period beginning date	08/01/09
3 base period report period ending date	07/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	1,807,867
11 payments for services	806,808
12 annual covered charges	1,807,867
13 annual payments for services	806,808
14	
15 inpatient CCR	0.477869518
16	
17 annual cost of services	863,925
18	
19 <u>adjustment factor</u>	
20 inflation	1.028252
21	
22 adjusted annual charges	1,858,943
23 adjusted Medicaid payments for services	829,602
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	829,602
26 adjusted cost of services	888,333
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	1,034,617
33	
34 maximum annual payments	1,034,617
35 facility specific UPL amount	205,015
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(644)
39 allocation of supplemental payments	(84,587)
40 total aggregate limit adjustments	(85,231)
41	
42 UPL amount after aggregate limit adjustments	119,784
43 Amount paid in April 2013 for 1st - 3rd quarters	89,838
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>29,946</b>
45 Outpatient overpayment reduction	(34,882)
46 UPL funds - payout or recovery	(4,936)
47 Intergovernmental transfer amount	(1,700)
Net funds amount	(3,236)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Phoebe Putney	
2 base period report period beginning date		08/01/09
3 base period report period ending date		07/31/10
4		
5 adjustment factor (if period not equal to 1 year)		1.0000
6		
7 CAH status (1 = yes)		0
8		
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>		
10 covered charges		61,490,989
11 payments for services		17,620,681
12 annual covered charges		61,490,989
13 annual payments for services		17,620,681
14		
15 inpatient CCR		0.353663555
16		
17 annual cost of services		21,747,122
18		
19 <u>adjustment factor</u>		
20 inflation		1.028252
21		
22 adjusted annual charges		63,228,232
23 adjusted Medicaid payments for services		18,118,500
24 supplemental rate adjustment payments		2,670,393
25 total adjusted Medicaid payments		20,788,893
26 adjusted cost of services		22,361,522
27		
28 <u>other UPL calculation data</u>		
29 provider category for UPL calculation	Non-State Govt.	
30 basis for UPL calculation	DRG differential	
31 DRG differential adjustment rate		1.247124
32 maximum annual payments (at DRG differential)		22,596,015
33		
34 maximum annual payments		22,596,015
35 facility specific UPL amount		1,807,122
36		
37 <u>aggregate limit adjustments</u>		
38 allocation of UPL amounts < 0		(14,057)
39 allocation of supplemental payments		823,003
40 total aggregate limit adjustments		808,946
41		
42 UPL amount after aggregate limit adjustments		2,616,068
43 Amount paid in April 2013 for 1st - 3rd quarters		1,962,051
44 <b>SFY2013 4th quarter UPL adjustment</b>		<b>654,017</b>
45 Outpatient overpayment reduction		(755,728)
46 UPL funds - payout or recovery		(101,711)
47 Intergovernmental transfer amount		(35,029)
Net funds amount		(66,682)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Phoebe Sumter Medical Center, Inc.
2 base period report period beginning date	07/01/09
3 base period report period ending date	07/31/10
4	
5 adjustment factor (if period not equal to 1 year)	0.9217
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	5,596,006
11 payments for services	1,944,081
12 annual covered charges	5,157,935
13 annual payments for services	1,791,893
14	
15 inpatient CCR	0.501371306
16	
17 annual cost of services	2,586,041
18	
19 <u>adjustment factor</u>	
20 inflation	1.028252
21	
22 adjusted annual charges	5,303,657
23 adjusted Medicaid payments for services	1,842,518
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	1,842,518
26 adjusted cost of services	2,659,102
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	2,297,848
33	
34 maximum annual payments	2,297,848
35 facility specific UPL amount	455,330
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(1,429)
39 allocation of supplemental payments	(187,866)
40 total aggregate limit adjustments	(189,295)
41	
42 UPL amount after aggregate limit adjustments	266,035
43 Amount paid in April 2013 for 1st - 3rd quarters	199,526
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>66,509</b>
45 Outpatient overpayment reduction	(91,003)
46 UPL funds - payout or recovery	(24,494)
47 Intergovernmental transfer amount	(8,436)
Net funds amount	(16,058)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	South Georgia Medical Center
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	26,048,798
11 payments for services	10,170,292
12 annual covered charges	26,048,798
13 annual payments for services	10,170,292
14	
15 inpatient CCR	0.454821445
16	
17 annual cost of services	11,847,552
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	26,586,836
23 adjusted Medicaid payments for services	10,380,359
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	10,380,359
26 adjusted cost of services	12,092,263
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	12,945,594
33	
34 maximum annual payments	12,945,594
35 facility specific UPL amount	2,565,235
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(8,053)
39 allocation of supplemental payments	(1,058,398)
40 total aggregate limit adjustments	(1,066,451)
41	
42 UPL amount after aggregate limit adjustments	1,498,784
43 Amount paid in April 2013 for 1st - 3rd quarters	1,124,088
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>374,696</b>
45 Outpatient overpayment reduction	(648,030)
46 UPL funds - payout or recovery	(273,334)
47 Intergovernmental transfer amount	(94,136)
Net funds amount	(179,198)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Southeast GA Health System - Brunswick
2 base period report period beginning date	05/01/09
3 base period report period ending date	04/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	26,214,482
11 payments for services	7,727,637
12 annual covered charges	26,214,482
13 annual payments for services	7,727,637
14	
15 inpatient CCR	0.377944477
16	
17 annual cost of services	9,907,619
18	
19 <u>adjustment factor</u>	
20 inflation	1.040932
21	
22 adjusted annual charges	27,287,493
23 adjusted Medicaid payments for services	8,043,945
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	8,043,945
26 adjusted cost of services	10,313,158
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	10,031,796
33	
34 maximum annual payments	10,031,796
35 facility specific UPL amount	1,987,851
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(6,241)
39 allocation of supplemental payments	(820,173)
40 total aggregate limit adjustments	(826,414)
41	
42 UPL amount after aggregate limit adjustments	1,161,437
43 Amount paid in April 2013 for 1st - 3rd quarters	871,078
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>290,359</b>
45 Outpatient overpayment reduction	(113,101)
46 UPL funds - payout or recovery	177,259
47 Intergovernmental transfer amount	61,048
Net funds amount	116,211

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Southeast GA Health System - Camden
2 base period report period beginning date	05/01/09
3 base period report period ending date	04/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	1,853,620
11 payments for services	698,733
12 annual covered charges	1,853,620
13 annual payments for services	698,733
14	
15 inpatient CCR	0.63050764
16	
17 annual cost of services	1,168,722
18	
19 <u>adjustment factor</u>	
20 inflation	1.040932
21	
22 adjusted annual charges	1,929,492
23 adjusted Medicaid payments for services	727,334
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	727,334
26 adjusted cost of services	1,216,560
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	907,076
33	
34 maximum annual payments	907,076
35 facility specific UPL amount	179,742
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(564)
39 allocation of supplemental payments	(74,160)
40 total aggregate limit adjustments	(74,724)
41	
42 UPL amount after aggregate limit adjustments	105,018
43 Amount paid in April 2013 for 1st - 3rd quarters	78,764
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>26,254</b>
45 Outpatient overpayment reduction	(32,055)
46 UPL funds - payout or recovery	(5,801)
47 Intergovernmental transfer amount	(1,998)
Net funds amount	(3,803)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Southern Regional Medical Center
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	52,119,772
11 payments for services	15,220,342
12 annual covered charges	52,119,772
13 annual payments for services	15,220,342
14	
15 inpatient CCR	0.354744172
16	
17 annual cost of services	18,489,185
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	53,792,504
23 adjusted Medicaid payments for services	15,708,824
24 supplemental rate adjustment payments	7,474,638
25 total adjusted Medicaid payments	23,183,462
26 adjusted cost of services	19,082,577
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	19,590,850
33	
34 maximum annual payments	19,590,850
35 facility specific UPL amount	(3,592,612)
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(12,187)
39 allocation of supplemental payments	5,872,942
40 total aggregate limit adjustments	5,860,755
41	
42 UPL amount after aggregate limit adjustments	2,268,143
43 Amount paid in April 2013 for 1st - 3rd quarters	1,701,107
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>567,036</b>
45 Outpatient overpayment reduction	(275,415)
46 UPL funds - payout or recovery	291,621
47 Intergovernmental transfer amount	100,434
Net funds amount	191,187



Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Stephens County Hospital
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	3,926,964
11 payments for services	1,391,774
12 annual covered charges	3,926,964
13 annual payments for services	1,391,774
14	
15 inpatient CCR	0.481816319
16	
17 annual cost of services	1,892,075
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	4,008,075
23 adjusted Medicaid payments for services	1,420,521
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	1,420,521
26 adjusted cost of services	1,931,156
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	1,771,566
33	
34 maximum annual payments	1,771,566
35 facility specific UPL amount	351,045
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(1,102)
39 allocation of supplemental payments	(144,839)
40 total aggregate limit adjustments	(145,941)
41	
42 UPL amount after aggregate limit adjustments	205,104
43 Amount paid in April 2013 for 1st - 3rd quarters	153,828
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>51,276</b>
45 Outpatient overpayment reduction	(46,998)
46 UPL funds - payout or recovery	4,279
47 Intergovernmental transfer amount	1,474
Net funds amount	2,805

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Tanner Med Ctr - Carrollton
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	12,506,283
11 payments for services	4,223,137
12 annual covered charges	12,506,283
13 annual payments for services	4,223,137
14	
15 inpatient CCR	0.416279769
16	
17 annual cost of services	5,206,113
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	12,907,660
23 adjusted Medicaid payments for services	4,358,674
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	4,358,674
26 adjusted cost of services	5,373,198
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	5,435,807
33	
34 maximum annual payments	5,435,807
35 facility specific UPL amount	1,077,133
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(3,382)
39 allocation of supplemental payments	(444,417)
40 total aggregate limit adjustments	(447,799)
41	
42 UPL amount after aggregate limit adjustments	629,334
43 Amount paid in April 2013 for 1st - 3rd quarters	472,001
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>157,333</b>
45 Outpatient overpayment reduction	(177,205)
46 UPL funds - payout or recovery	(19,872)
47 Intergovernmental transfer amount	(6,844)
Net funds amount	(13,028)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Tanner Med Ctr - Villa Rica
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	9,062,287
11 payments for services	5,438,329
12 annual covered charges	9,062,287
13 annual payments for services	5,438,329
14	
15 inpatient CCR	0.615133965
16	
17 annual cost of services	5,574,521
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	9,353,132
23 adjusted Medicaid payments for services	5,612,867
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	5,612,867
26 adjusted cost of services	5,753,430
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	6,999,941
33	
34 maximum annual payments	6,999,941
35 facility specific UPL amount	1,387,074
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(4,355)
39 allocation of supplemental payments	(572,296)
40 total aggregate limit adjustments	(576,651)
41	
42 UPL amount after aggregate limit adjustments	810,423
43 Amount paid in April 2013 for 1st - 3rd quarters	607,817
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>202,606</b>
45 Outpatient overpayment reduction	(106,184)
46 UPL funds - payout or recovery	96,422
47 Intergovernmental transfer amount	33,208
Net funds amount	63,214

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	The Medical Center
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	49,262,553
11 payments for services	15,406,688
12 annual covered charges	49,262,553
13 annual payments for services	15,406,688
14	
15 inpatient CCR	0.39898962
16	
17 annual cost of services	19,655,247
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	50,843,585
23 adjusted Medicaid payments for services	15,901,150
24 supplemental rate adjustment payments	3,997,248
25 total adjusted Medicaid payments	19,898,398
26 adjusted cost of services	20,286,062
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	19,830,705
33	
34 maximum annual payments	19,830,705
35 facility specific UPL amount	(67,693)
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(12,336)
39 allocation of supplemental payments	2,375,942
40 total aggregate limit adjustments	2,363,606
41	
42 UPL amount after aggregate limit adjustments	2,295,913
43 Amount paid in April 2013 for 1st - 3rd quarters	1,721,935
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>573,978</b>
45 Outpatient overpayment reduction	(481,107)
46 UPL funds - payout or recovery	92,871
47 Intergovernmental transfer amount	31,985
Net funds amount	60,886

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Tift Regional Medical Center
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	19,516,877
11 payments for services	13,282,614
12 annual covered charges	19,516,877
13 annual payments for services	13,282,614
14	
15 inpatient CCR	0.359520085
16	
17 annual cost of services	7,016,709
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	19,919,998
23 adjusted Medicaid payments for services	13,556,966
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	13,556,966
26 adjusted cost of services	7,161,639
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	16,907,217
33	
34 maximum annual payments	16,907,217
35 facility specific UPL amount	3,350,251
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(10,518)
39 allocation of supplemental payments	(1,382,289)
40 total aggregate limit adjustments	(1,392,807)
41	
42 UPL amount after aggregate limit adjustments	1,957,444
43 Amount paid in April 2013 for 1st - 3rd quarters	1,468,083
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>489,361</b>
45 Outpatient overpayment reduction	(203,635)
46 UPL funds - payout or recovery	285,727
47 Intergovernmental transfer amount	98,404
Net funds amount	187,323

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Union General Hospital
2 base period report period beginning date	05/01/09
3 base period report period ending date	04/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	555,182
11 payments for services	372,550
12 annual covered charges	555,182
13 annual payments for services	372,550
14	
15 inpatient CCR	0.5792248
16	
17 annual cost of services	321,575
18	
19 <u>adjustment factor</u>	
20 inflation	1.040932
21	
22 adjusted annual charges	577,907
23 adjusted Medicaid payments for services	387,799
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	387,799
26 adjusted cost of services	334,738
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	483,633
33	
34 maximum annual payments	483,633
35 facility specific UPL amount	95,834
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(301)
39 allocation of supplemental payments	(39,541)
40 total aggregate limit adjustments	(39,842)
41	
42 UPL amount after aggregate limit adjustments	55,992
43 Amount paid in April 2013 for 1st - 3rd quarters	41,994
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>13,998</b>
45 Outpatient overpayment reduction	(14,278)
46 UPL funds - payout or recovery	(280)
47 Intergovernmental transfer amount	(96)
Net funds amount	(184)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	University Hospital
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	45,406,287
11 payments for services	13,875,846
12 annual covered charges	45,406,287
13 annual payments for services	13,875,846
14	
15 inpatient CCR	0.391313856
16	
17 annual cost of services	17,768,109
18	
19 <u>adjustment factor</u>	
20 inflation	1.022716
21	
22 adjusted annual charges	46,437,736
23 adjusted Medicaid payments for services	14,191,050
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	14,191,050
26 adjusted cost of services	18,171,729
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	17,697,998
33	
34 maximum annual payments	17,697,998
35 facility specific UPL amount	3,506,948
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(11,010)
39 allocation of supplemental payments	(1,446,941)
40 total aggregate limit adjustments	(1,457,951)
41	
42 UPL amount after aggregate limit adjustments	2,048,997
43 Amount paid in April 2013 for 1st - 3rd quarters	1,536,748
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>512,249</b>
45 Outpatient overpayment reduction	(231,337)
46 UPL funds - payout or recovery	280,912
47 Intergovernmental transfer amount	96,746
Net funds amount	184,166

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	University Hospital McDuffie
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	1,173,164
11 payments for services	499,044
12 annual covered charges	1,173,164
13 annual payments for services	499,044
14	
15 inpatient CCR	0.457690483
16	
17 annual cost of services	536,946
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	1,197,396
23 adjusted Medicaid payments for services	509,352
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	509,352
26 adjusted cost of services	548,037
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	635,225
33	
34 maximum annual payments	635,225
35 facility specific UPL amount	125,873
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(395)
39 allocation of supplemental payments	(51,934)
40 total aggregate limit adjustments	(52,329)
41	
42 UPL amount after aggregate limit adjustments	73,544
43 Amount paid in April 2013 for 1st - 3rd quarters	55,158
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>18,386</b>
45 Outpatient overpayment reduction	(28,911)
46 UPL funds - payout or recovery	(10,525)
47 Intergovernmental transfer amount	(3,625)
Net funds amount	(6,900)



Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Upson Regional Medical Center
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	8,375,699
11 payments for services	3,333,521
12 annual covered charges	8,375,699
13 annual payments for services	3,333,521
14	
15 inpatient CCR	0.372388256
16	
17 annual cost of services	3,119,012
18	
19 <u>adjustment factor</u>	
20 inflation	1.022716
21	
22 adjusted annual charges	8,565,961
23 adjusted Medicaid payments for services	3,409,245
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	3,409,245
26 adjusted cost of services	3,189,863
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	4,251,751
33	
34 maximum annual payments	4,251,751
35 facility specific UPL amount	842,506
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(2,645)
39 allocation of supplemental payments	(347,612)
40 total aggregate limit adjustments	(350,257)
41	
42 UPL amount after aggregate limit adjustments	492,249
43 Amount paid in April 2013 for 1st - 3rd quarters	369,187
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>123,062</b>
45 Outpatient overpayment reduction	(79,052)
46 UPL funds - payout or recovery	44,010
47 Intergovernmental transfer amount	15,157
Net funds amount	28,853

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Washington County Regional Medical Center
2 base period report period beginning date	09/01/09
3 base period report period ending date	08/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	2,636,211
11 payments for services	1,443,040
12 annual covered charges	2,636,211
13 annual payments for services	1,443,040
14	
15 inpatient CCR	0.468245333
16	
17 annual cost of services	1,234,393
18	
19 <u>adjustment factor</u>	
20 inflation	1.024440
21	
22 adjusted annual charges	2,700,640
23 adjusted Medicaid payments for services	1,478,308
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	1,478,308
26 adjusted cost of services	1,264,562
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	1,843,633
33	
34 maximum annual payments	1,843,633
35 facility specific UPL amount	365,325
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(1,147)
39 allocation of supplemental payments	(150,730)
40 total aggregate limit adjustments	(151,877)
41	
42 UPL amount after aggregate limit adjustments	213,448
43 Amount paid in April 2013 for 1st - 3rd quarters	160,086
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>53,362</b>
45 Outpatient overpayment reduction	(16,659)
46 UPL funds - payout or recovery	36,703
47 Intergovernmental transfer amount	12,641
Net funds amount	24,062

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Wayne Memorial Hospital
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	4,840,526
11 payments for services	1,563,340
12 annual covered charges	4,840,526
13 annual payments for services	1,563,340
14	
15 inpatient CCR	0.44241158
16	
17 annual cost of services	2,141,505
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	4,995,878
23 adjusted Medicaid payments for services	1,613,514
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	1,613,514
26 adjusted cost of services	2,210,234
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	2,012,252
33	
34 maximum annual payments	2,012,252
35 facility specific UPL amount	398,738
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(1,252)
39 allocation of supplemental payments	(164,516)
40 total aggregate limit adjustments	(165,768)
41	
42 UPL amount after aggregate limit adjustments	232,970
43 Amount paid in April 2013 for 1st - 3rd quarters	174,728
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>58,242</b>
45 Outpatient overpayment reduction	(52,100)
46 UPL funds - payout or recovery	6,143
47 Intergovernmental transfer amount	2,115
Net funds amount	4,028

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	WellStar Cobb Hospital
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	63,611,418
11 payments for services	17,534,049
12 annual covered charges	63,611,418
13 annual payments for services	17,534,049
14	
15 inpatient CCR	0.373558037
16	
17 annual cost of services	23,762,556
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	65,652,963
23 adjusted Medicaid payments for services	18,096,787
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	18,096,787
26 adjusted cost of services	24,525,191
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	22,568,936
33	
34 maximum annual payments	22,568,936
35 facility specific UPL amount	4,472,149
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(14,040)
39 allocation of supplemental payments	(1,845,176)
40 total aggregate limit adjustments	(1,859,216)
41	
42 UPL amount after aggregate limit adjustments	2,612,933
43 Amount paid in April 2013 for 1st - 3rd quarters	1,959,700
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>653,233</b>
45 Outpatient overpayment reduction	(204,697)
46 UPL funds - payout or recovery	448,537
47 Intergovernmental transfer amount	154,476
Net funds amount	294,061

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Wellstar Douglas Hospital
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	13,763,828
11 payments for services	4,025,608
12 annual covered charges	13,763,828
13 annual payments for services	4,025,608
14	
15 inpatient CCR	0.384084334
16	
17 annual cost of services	5,286,471
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	14,205,564
23 adjusted Medicaid payments for services	4,154,806
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	4,154,806
26 adjusted cost of services	5,456,135
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	5,181,558
33	
34 maximum annual payments	5,181,558
35 facility specific UPL amount	1,026,752
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(3,223)
39 allocation of supplemental payments	(423,631)
40 total aggregate limit adjustments	(426,854)
41	
42 UPL amount after aggregate limit adjustments	599,898
43 Amount paid in April 2013 for 1st - 3rd quarters	449,924
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>149,974</b>
45 Outpatient overpayment reduction	(55,946)
46 UPL funds - payout or recovery	94,028
47 Intergovernmental transfer amount	32,383
Net funds amount	61,645

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	WellStar Kennestone Hospital
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	78,121,177
11 payments for services	22,007,549
12 annual covered charges	78,121,177
13 annual payments for services	22,007,549
14	
15 inpatient CCR	0.370917031
16	
17 annual cost of services	28,976,475
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	80,628,398
23 adjusted Medicaid payments for services	22,713,859
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	22,713,859
26 adjusted cost of services	29,906,446
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	28,326,997
33	
34 maximum annual payments	28,326,997
35 facility specific UPL amount	5,613,138
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(17,622)
39 allocation of supplemental payments	(2,315,940)
40 total aggregate limit adjustments	(2,333,562)
41	
42 UPL amount after aggregate limit adjustments	3,279,576
43 Amount paid in April 2013 for 1st - 3rd quarters	2,459,682
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>819,894</b>
45 Outpatient overpayment reduction	(275,527)
46 UPL funds - payout or recovery	544,368
47 Intergovernmental transfer amount	187,480
Net funds amount	356,888

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	WellStar Paulding Hospital
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	2,420,921
11 payments for services	740,240
12 annual covered charges	2,420,921
13 annual payments for services	740,240
14	
15 inpatient CCR	0.402234989
16	
17 annual cost of services	973,779
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	2,498,618
23 adjusted Medicaid payments for services	763,997
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	763,997
26 adjusted cost of services	1,005,031
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	952,799
33	
34 maximum annual payments	952,799
35 facility specific UPL amount	188,802
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(593)
39 allocation of supplemental payments	(77,898)
40 total aggregate limit adjustments	(78,491)
41	
42 UPL amount after aggregate limit adjustments	110,311
43 Amount paid in April 2013 for 1st - 3rd quarters	82,733
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>27,578</b>
45 Outpatient overpayment reduction	(31,634)
46 UPL funds - payout or recovery	(4,056)
47 Intergovernmental transfer amount	(1,397)
Net funds amount	(2,659)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	WellStar Windy Hill Hospital
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	4,259,562
11 payments for services	1,149,169
12 annual covered charges	4,259,562
13 annual payments for services	1,149,169
14	
15 inpatient CCR	0.397099079
16	
17 annual cost of services	1,691,468
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	4,396,268
23 adjusted Medicaid payments for services	1,186,050
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	1,186,050
26 adjusted cost of services	1,745,754
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	1,479,151
33	
34 maximum annual payments	1,479,151
35 facility specific UPL amount	293,101
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(920)
39 allocation of supplemental payments	(120,932)
40 total aggregate limit adjustments	(121,852)
41	
42 UPL amount after aggregate limit adjustments	171,249
43 Amount paid in April 2013 for 1st - 3rd quarters	128,437
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>42,812</b>
45 Outpatient overpayment reduction	(26,705)
46 UPL funds - payout or recovery	16,108
47 Intergovernmental transfer amount	5,547
Net funds amount	10,561



Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Piedmont Henry Hospital
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	16,247,440
11 payments for services	5,171,429
12 annual covered charges	16,247,440
13 annual payments for services	5,171,429
14	
15 inpatient CCR	0.293100565
16	
17 annual cost of services	4,762,134
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	16,768,885
23 adjusted Medicaid payments for services	5,337,401
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	5,337,401
26 adjusted cost of services	4,914,970
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	6,656,401
33	
34 maximum annual payments	6,656,401
35 facility specific UPL amount	1,319,000
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(4,141)
39 allocation of supplemental payments	(544,209)
40 total aggregate limit adjustments	(548,350)
41	
42 UPL amount after aggregate limit adjustments	770,650
43 Amount paid in April 2013 for 1st - 3rd quarters	577,988
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>192,662</b>
45 Outpatient overpayment reduction	(114,291)
46 UPL funds - payout or recovery	78,371
47 Intergovernmental transfer amount	26,991
Net funds amount	51,380

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	West Georgia Health Systems, Inc.
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	10,729,935
11 payments for services	4,143,180
12 annual covered charges	10,729,935
13 annual payments for services	4,143,180
14	
15 inpatient CCR	0.46417825
16	
17 annual cost of services	4,980,602
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	10,951,562
23 adjusted Medicaid payments for services	4,228,757
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	4,228,757
26 adjusted cost of services	5,083,476
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	DRG differential
31 DRG differential adjustment rate	1.247124
32 maximum annual payments (at DRG differential)	5,273,784
33	
34 maximum annual payments	5,273,784
35 facility specific UPL amount	1,045,027
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(3,281)
39 allocation of supplemental payments	(431,171)
40 total aggregate limit adjustments	(434,452)
41	
42 UPL amount after aggregate limit adjustments	610,575
43 Amount paid in April 2013 for 1st - 3rd quarters	457,931
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>152,644</b>
45 Outpatient overpayment reduction	(65,733)
46 UPL funds - payout or recovery	86,911
47 Intergovernmental transfer amount	29,932
Net funds amount	56,979

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Bacon County Hospital
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	1,949,030
11 payments for services	660,395
12 annual covered charges	1,949,030
13 annual payments for services	660,395
14	
15 inpatient CCR	0.473627775
16	
17 annual cost of services	923,115
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	2,011,582
23 adjusted Medicaid payments for services	681,590
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	681,590
26 adjusted cost of services	952,741
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	952,741
35 facility specific UPL amount	271,151
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(851)
39 allocation of supplemental payments	(111,875)
40 total aggregate limit adjustments	(112,726)
41	
42 UPL amount after aggregate limit adjustments	158,425
43 Amount paid in April 2013 for 1st - 3rd quarters	118,819
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>39,606</b>
45 Outpatient overpayment reduction	(28,453)
46 UPL funds - payout or recovery	11,154
47 Intergovernmental transfer amount	0
Net funds amount	11,154

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Bleckley Memorial Hospital
2 base period report period beginning date	04/01/09
3 base period report period ending date	03/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	257,614
11 payments for services	229,510
12 annual covered charges	257,614
13 annual payments for services	229,510
14	
15 inpatient CCR	1.112115378
16	
17 annual cost of services	286,496
18	
19 <u>adjustment factor</u>	
20 inflation	1.045408
21	
22 adjusted annual charges	269,312
23 adjusted Medicaid payments for services	239,932
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	239,932
26 adjusted cost of services	299,505
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	299,505
35 facility specific UPL amount	59,573
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(187)
39 allocation of supplemental payments	(24,580)
40 total aggregate limit adjustments	(24,767)
41	
42 UPL amount after aggregate limit adjustments	34,806
43 Amount paid in April 2013 for 1st - 3rd quarters	26,105
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>8,701</b>
45 Outpatient overpayment reduction	(30,206)
46 UPL funds - payout or recovery	(21,505)
47 Intergovernmental transfer amount	0
Net funds amount	(21,505)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Brooks County Hospital
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	477,134
11 payments for services	198,344
12 annual covered charges	477,134
13 annual payments for services	198,344
14	
15 inpatient CCR	0.358319128
16	
17 annual cost of services	170,966
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	486,989
23 adjusted Medicaid payments for services	202,441
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	202,441
26 adjusted cost of services	174,497
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	174,497
35 facility specific UPL amount	(27,944)
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	27,943
39 allocation of supplemental payments	0
40 total aggregate limit adjustments	27,943
41	
42 UPL amount after aggregate limit adjustments	(1)
43 Amount paid in April 2013 for 1st - 3rd quarters	(1)
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>(0)</b>
45 Outpatient overpayment reduction	(3,700)
46 UPL funds - payout or recovery	(3,700)
47 Intergovernmental transfer amount	0
Net funds amount	(3,700)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Calhoun Memorial Hospital
2 base period report period beginning date	04/01/09
3 base period report period ending date	03/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	156,715
11 payments for services	147,578
12 annual covered charges	156,715
13 annual payments for services	147,578
14	
15 inpatient CCR	0.651704263
16	
17 annual cost of services	102,132
18	
19 <u>adjustment factor</u>	
20 inflation	1.045408
21	
22 adjusted annual charges	163,831
23 adjusted Medicaid payments for services	154,279
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	154,279
26 adjusted cost of services	106,770
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	106,770
35 facility specific UPL amount	(47,509)
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	47,510
39 allocation of supplemental payments	0
40 total aggregate limit adjustments	47,510
41	
42 UPL amount after aggregate limit adjustments	1
43 Amount paid in April 2013 for 1st - 3rd quarters	1
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>0</b>
45 Outpatient overpayment reduction	(4,207)
46 UPL funds - payout or recovery	(4,207)
47 Intergovernmental transfer amount	0
Net funds amount	(4,207)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Candler County Hospital
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	626,664
11 payments for services	419,097
12 annual covered charges	626,664
13 annual payments for services	419,097
14	
15 inpatient CCR	0.669274333
16	
17 annual cost of services	419,410
18	
19 <u>adjustment factor</u>	
20 inflation	1.022716
21	
22 adjusted annual charges	640,899
23 adjusted Medicaid payments for services	428,617
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	428,617
26 adjusted cost of services	428,937
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	428,937
35 facility specific UPL amount	320
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(1)
39 allocation of supplemental payments	(132)
40 total aggregate limit adjustments	(133)
41	
42 UPL amount after aggregate limit adjustments	187
43 Amount paid in April 2013 for 1st - 3rd quarters	140
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>47</b>
45 Outpatient overpayment reduction	(10,124)
46 UPL funds - payout or recovery	(10,077)
47 Intergovernmental transfer amount	0
Net funds amount	(10,077)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Charlton Memorial Hospital
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	44,724
11 payments for services	28,304
12 annual covered charges	44,724
13 annual payments for services	28,304
14	
15 inpatient CCR	0.576049114
16	
17 annual cost of services	25,763
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	46,159
23 adjusted Medicaid payments for services	29,212
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	29,212
26 adjusted cost of services	26,590
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	26,590
35 facility specific UPL amount	(2,622)
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	2,622
39 allocation of supplemental payments	0
40 total aggregate limit adjustments	2,622
41	
42 UPL amount after aggregate limit adjustments	0
43 Amount paid in April 2013 for 1st - 3rd quarters	0
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>0</b>
45 Outpatient overpayment reduction	(7,115)
46 UPL funds - payout or recovery	(7,115)
47 Intergovernmental transfer amount	0
Net funds amount	(7,115)



Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Chatuge Regional Hospital
2 base period report period beginning date	05/01/09
3 base period report period ending date	04/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	87,529
11 payments for services	55,659
12 annual covered charges	87,529
13 annual payments for services	55,659
14	
15 inpatient CCR	0.486521086
16	
17 annual cost of services	42,585
18	
19 <u>adjustment factor</u>	
20 inflation	1.040932
21	
22 adjusted annual charges	91,112
23 adjusted Medicaid payments for services	57,937
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	57,937
26 adjusted cost of services	44,328
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	44,328
35 facility specific UPL amount	(13,609)
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	13,609
39 allocation of supplemental payments	0
40 total aggregate limit adjustments	13,609
41	
42 UPL amount after aggregate limit adjustments	0
43 Amount paid in April 2013 for 1st - 3rd quarters	0
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>0</b>
45 Outpatient overpayment reduction	(2,548)
46 UPL funds - payout or recovery	(2,547)
47 Intergovernmental transfer amount	0
Net funds amount	(2,547)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Clinch Memorial Hospital
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	265,015
11 payments for services	141,776
12 annual covered charges	265,015
13 annual payments for services	141,776
14	
15 inpatient CCR	0.817951382
16	
17 annual cost of services	216,769
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	273,520
23 adjusted Medicaid payments for services	146,326
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	146,326
26 adjusted cost of services	223,726
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	223,726
35 facility specific UPL amount	77,400
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(243)
39 allocation of supplemental payments	(31,935)
40 total aggregate limit adjustments	(32,178)
41	
42 UPL amount after aggregate limit adjustments	45,222
43 Amount paid in April 2013 for 1st - 3rd quarters	33,917
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>11,305</b>
45 Outpatient overpayment reduction	(8,706)
46 UPL funds - payout or recovery	2,600
47 Intergovernmental transfer amount	0
Net funds amount	2,600

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Effingham Hospital	
2 base period report period beginning date		07/01/09
3 base period report period ending date		06/30/10
4		
5 adjustment factor (if period not equal to 1 year)		1.0000
6		
7 CAH status (1 = yes)		1
8		
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>		
10 covered charges		47,011
11 payments for services		25,624
12 annual covered charges		47,011
13 annual payments for services		25,624
14		
15 inpatient CCR		0.700822928
16		
17 annual cost of services		32,946
18		
19 <u>adjustment factor</u>		
20 inflation		1.032094
21		
22 adjusted annual charges		48,520
23 adjusted Medicaid payments for services		26,446
24 supplemental rate adjustment payments		0
25 total adjusted Medicaid payments		26,446
26 adjusted cost of services		34,003
27		
28 <u>other UPL calculation data</u>		
29 provider category for UPL calculation	Non-State Govt.	
30 basis for UPL calculation	cost	
31 DRG differential adjustment rate		0.000000
32 maximum annual payments (at DRG differential)		0
33		
34 maximum annual payments		34,003
35 facility specific UPL amount		7,557
36		
37 <u>aggregate limit adjustments</u>		
38 allocation of UPL amounts < 0		(24)
39 allocation of supplemental payments		(3,118)
40 total aggregate limit adjustments		(3,142)
41		
42 UPL amount after aggregate limit adjustments		4,415
43 Amount paid in April 2013 for 1st - 3rd quarters		3,311
44 <b>SFY2013 4th quarter UPL adjustment</b>		<b>1,104</b>
45 Outpatient overpayment reduction		(16,627)
46 UPL funds - payout or recovery		(15,523)
47 Intergovernmental transfer amount		0
Net funds amount		(15,523)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Higgins General Hospital
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	1,562,903
11 payments for services	507,122
12 annual covered charges	1,562,903
13 annual payments for services	507,122
14	
15 inpatient CCR	0.502198387
16	
17 annual cost of services	784,887
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	1,613,063
23 adjusted Medicaid payments for services	523,398
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	523,398
26 adjusted cost of services	810,077
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	810,077
35 facility specific UPL amount	286,679
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(900)
39 allocation of supplemental payments	(118,282)
40 total aggregate limit adjustments	(119,182)
41	
42 UPL amount after aggregate limit adjustments	167,497
43 Amount paid in April 2013 for 1st - 3rd quarters	125,623
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>41,874</b>
45 Outpatient overpayment reduction	(17,795)
46 UPL funds - payout or recovery	24,079
47 Intergovernmental transfer amount	0
Net funds amount	24,079

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Jasper Memorial Hospital	
2 base period report period beginning date		10/01/09
3 base period report period ending date		09/30/10
4		
5 adjustment factor (if period not equal to 1 year)		1.0000
6		
7 CAH status (1 = yes)		1
8		
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>		
10 covered charges		59,447
11 payments for services		37,378
12 annual covered charges		59,447
13 annual payments for services		37,378
14		
15 inpatient CCR		1.042945142
16		
17 annual cost of services		62,000
18		
19 <u>adjustment factor</u>		
20 inflation		1.020655
21		
22 adjusted annual charges		60,675
23 adjusted Medicaid payments for services		38,150
24 supplemental rate adjustment payments		0
25 total adjusted Medicaid payments		38,150
26 adjusted cost of services		63,281
27		
28 <u>other UPL calculation data</u>		
29 provider category for UPL calculation	Non-State Govt.	
30 basis for UPL calculation	cost	
31 DRG differential adjustment rate		0.000000
32 maximum annual payments (at DRG differential)		0
33		
34 maximum annual payments		63,281
35 facility specific UPL amount		25,131
36		
37 <u>aggregate limit adjustments</u>		
38 allocation of UPL amounts < 0		(79)
39 allocation of supplemental payments		(10,369)
40 total aggregate limit adjustments		(10,448)
41		
42 UPL amount after aggregate limit adjustments		14,683
43 Amount paid in April 2013 for 1st - 3rd quarters		11,012
44 <b>SFY2013 4th quarter UPL adjustment</b>		<b>3,671</b>
45 Outpatient overpayment reduction		(8,246)
46 UPL funds - payout or recovery		(4,575)
47 Intergovernmental transfer amount		0
Net funds amount		(4,575)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Jeff Davis Hospital
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	1,491,060
11 payments for services	625,848
12 annual covered charges	1,491,060
13 annual payments for services	625,848
14	
15 inpatient CCR	0.38050026
16	
17 annual cost of services	567,349
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	1,521,858
23 adjusted Medicaid payments for services	638,775
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	638,775
26 adjusted cost of services	579,068
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	579,068
35 facility specific UPL amount	(59,707)
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	59,708
39 allocation of supplemental payments	0
40 total aggregate limit adjustments	59,708
41	
42 UPL amount after aggregate limit adjustments	1
43 Amount paid in April 2013 for 1st - 3rd quarters	1
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>(0)</b>
45 Outpatient overpayment reduction	(11,267)
46 UPL funds - payout or recovery	(11,267)
47 Intergovernmental transfer amount	0
Net funds amount	(11,267)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Liberty Regional Medical Center
2 base period report period beginning date	12/01/09
3 base period report period ending date	11/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	2,851,630
11 payments for services	1,069,098
12 annual covered charges	2,851,630
13 annual payments for services	1,069,098
14	
15 inpatient CCR	0.331603369
16	
17 annual cost of services	945,610
18	
19 <u>adjustment factor</u>	
20 inflation	1.022028
21	
22 adjusted annual charges	2,914,446
23 adjusted Medicaid payments for services	1,092,648
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	1,092,648
26 adjusted cost of services	966,440
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	966,440
35 facility specific UPL amount	(126,208)
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	126,208
39 allocation of supplemental payments	0
40 total aggregate limit adjustments	126,208
41	
42 UPL amount after aggregate limit adjustments	0
43 Amount paid in April 2013 for 1st - 3rd quarters	0
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>0</b>
45 Outpatient overpayment reduction	(32,919)
46 UPL funds - payout or recovery	(32,918)
47 Intergovernmental transfer amount	0
Net funds amount	(32,918)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Louis Smith Memorial Hospital
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	484,213
11 payments for services	216,486
12 annual covered charges	484,213
13 annual payments for services	216,486
14	
15 inpatient CCR	0.485922337
16	
17 annual cost of services	235,290
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	494,214
23 adjusted Medicaid payments for services	220,958
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	220,958
26 adjusted cost of services	240,150
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	240,150
35 facility specific UPL amount	19,192
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(60)
39 allocation of supplemental payments	(7,919)
40 total aggregate limit adjustments	(7,979)
41	
42 UPL amount after aggregate limit adjustments	11,213
43 Amount paid in April 2013 for 1st - 3rd quarters	8,410
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>2,803</b>
45 Outpatient overpayment reduction	(94,032)
46 UPL funds - payout or recovery	(91,229)
47 Intergovernmental transfer amount	0
Net funds amount	(91,229)



Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Miller County Hospital
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	1,726,891
11 payments for services	633,483
12 annual covered charges	1,726,891
13 annual payments for services	633,483
14	
15 inpatient CCR	0.423622188
16	
17 annual cost of services	731,549
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	1,782,314
23 adjusted Medicaid payments for services	653,814
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	653,814
26 adjusted cost of services	755,027
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	755,027
35 facility specific UPL amount	101,213
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(318)
39 allocation of supplemental payments	(41,760)
40 total aggregate limit adjustments	(42,078)
41	
42 UPL amount after aggregate limit adjustments	59,135
43 Amount paid in April 2013 for 1st - 3rd quarters	44,351
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>14,784</b>
45 Outpatient overpayment reduction	(9,611)
46 UPL funds - payout or recovery	5,173
47 Intergovernmental transfer amount	0
Net funds amount	5,173

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Mitchell County Hospital
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	288,764
11 payments for services	144,983
12 annual covered charges	288,764
13 annual payments for services	144,983
14	
15 inpatient CCR	0.335057652
16	
17 annual cost of services	96,753
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	294,728
23 adjusted Medicaid payments for services	147,978
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	147,978
26 adjusted cost of services	98,751
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	98,751
35 facility specific UPL amount	(49,227)
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	49,227
39 allocation of supplemental payments	0
40 total aggregate limit adjustments	49,227
41	
42 UPL amount after aggregate limit adjustments	(0)
43 Amount paid in April 2013 for 1st - 3rd quarters	0
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>(0)</b>
45 Outpatient overpayment reduction	(7,136)
46 UPL funds - payout or recovery	(7,136)
47 Intergovernmental transfer amount	0
Net funds amount	(7,136)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Monroe County Hospital
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	291,490
11 payments for services	166,312
12 annual covered charges	291,490
13 annual payments for services	166,312
14	
15 inpatient CCR	0.641971041
16	
17 annual cost of services	187,128
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	297,511
23 adjusted Medicaid payments for services	169,747
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	169,747
26 adjusted cost of services	190,993
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	190,993
35 facility specific UPL amount	21,246
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(67)
39 allocation of supplemental payments	(8,766)
40 total aggregate limit adjustments	(8,833)
41	
42 UPL amount after aggregate limit adjustments	12,413
43 Amount paid in April 2013 for 1st - 3rd quarters	9,310
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>3,103</b>
45 Outpatient overpayment reduction	(7,304)
46 UPL funds - payout or recovery	(4,201)
47 Intergovernmental transfer amount	0
Net funds amount	(4,201)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Morgan Memorial Hospital
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	88,996
11 payments for services	55,947
12 annual covered charges	88,996
13 annual payments for services	55,947
14	
15 inpatient CCR	0.583147045
16	
17 annual cost of services	51,898
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	91,852
23 adjusted Medicaid payments for services	57,743
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	57,743
26 adjusted cost of services	53,564
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	53,564
35 facility specific UPL amount	(4,179)
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	4,180
39 allocation of supplemental payments	0
40 total aggregate limit adjustments	4,180
41	
42 UPL amount after aggregate limit adjustments	1
43 Amount paid in April 2013 for 1st - 3rd quarters	0
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>0</b>
45 Outpatient overpayment reduction	(5,840)
46 UPL funds - payout or recovery	(5,840)
47 Intergovernmental transfer amount	0
Net funds amount	(5,840)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Optim Medical Center-Jenkins
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	284,950
11 payments for services	184,040
12 annual covered charges	284,950
13 annual payments for services	184,040
14	
15 inpatient CCR	0.658057696
16	
17 annual cost of services	187,514
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	294,095
23 adjusted Medicaid payments for services	189,947
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	189,947
26 adjusted cost of services	193,532
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Private
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	193,532
35 facility specific UPL amount	3,585
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(18)
39 allocation of supplemental payments	(3,155)
40 total aggregate limit adjustments	(3,173)
41	
42 UPL amount after aggregate limit adjustments	412
43 Amount paid in April 2013 for 1st - 3rd quarters	309
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>103</b>
45 Outpatient overpayment reduction	(5,997)
46 UPL funds - payout or recovery	(5,894)
47 Intergovernmental transfer amount	0
Net funds amount	(5,894)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Peach Regional Medical Center
2 base period report period beginning date	11/01/09
3 base period report period ending date	10/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	592,761
11 payments for services	369,729
12 annual covered charges	592,761
13 annual payments for services	369,729
14	
15 inpatient CCR	0.570280882
16	
17 annual cost of services	338,040
18	
19 <u>adjustment factor</u>	
20 inflation	1.021341
21	
22 adjusted annual charges	605,411
23 adjusted Medicaid payments for services	377,619
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	377,619
26 adjusted cost of services	345,254
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	345,254
35 facility specific UPL amount	(32,365)
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	32,365
39 allocation of supplemental payments	0
40 total aggregate limit adjustments	32,365
41	
42 UPL amount after aggregate limit adjustments	0
43 Amount paid in April 2013 for 1st - 3rd quarters	0
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>0</b>
45 Outpatient overpayment reduction	(11,430)
46 UPL funds - payout or recovery	(11,429)
47 Intergovernmental transfer amount	0
Net funds amount	(11,429)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Pioneer Community Hospital of Early
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	169,629
11 payments for services	73,133
12 annual covered charges	169,629
13 annual payments for services	73,133
14	
15 inpatient CCR	0.424846387
16	
17 annual cost of services	72,066
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	173,133
23 adjusted Medicaid payments for services	74,644
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	74,644
26 adjusted cost of services	73,555
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	73,555
35 facility specific UPL amount	(1,089)
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	1,089
39 allocation of supplemental payments	0
40 total aggregate limit adjustments	1,089
41	
42 UPL amount after aggregate limit adjustments	(0)
43 Amount paid in April 2013 for 1st - 3rd quarters	0
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>(0)</b>
45 Outpatient overpayment reduction	(7,387)
46 UPL funds - payout or recovery	(7,387)
47 Intergovernmental transfer amount	0
Net funds amount	(7,387)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Polk Medical Center	
2 base period report period beginning date		10/01/09
3 base period report period ending date		09/30/10
4		
5 adjustment factor (if period not equal to 1 year)		1.0000
6		
7 CAH status (1 = yes)		1
8		
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>		
10 covered charges		459,215
11 payments for services		200,478
12 annual covered charges		459,215
13 annual payments for services		200,478
14		
15 inpatient CCR		0.487066491
16		
17 annual cost of services		223,668
18		
19 <u>adjustment factor</u>		
20 inflation		1.020655
21		
22 adjusted annual charges		468,700
23 adjusted Medicaid payments for services		204,619
24 supplemental rate adjustment payments		0
25 total adjusted Medicaid payments		204,619
26 adjusted cost of services		228,288
27		
28 <u>other UPL calculation data</u>		
29 provider category for UPL calculation	Non-State Govt.	
30 basis for UPL calculation	cost	
31 DRG differential adjustment rate		0.000000
32 maximum annual payments (at DRG differential)		0
33		
34 maximum annual payments		228,288
35 facility specific UPL amount		23,669
36		
37 <u>aggregate limit adjustments</u>		
38 allocation of UPL amounts < 0		(74)
39 allocation of supplemental payments		(9,766)
40 total aggregate limit adjustments		(9,840)
41		
42 UPL amount after aggregate limit adjustments		13,829
43 Amount paid in April 2013 for 1st - 3rd quarters		10,372
44 <b>SFY2013 4th quarter UPL adjustment</b>		<b>3,457</b>
45 Outpatient overpayment reduction		(52,010)
46 UPL funds - payout or recovery		(48,553)
47 Intergovernmental transfer amount		0
Net funds amount		(48,553)



Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Putnam General Hospital
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	384,567
11 payments for services	259,357
12 annual covered charges	384,567
13 annual payments for services	259,357
14	
15 inpatient CCR	0.859752662
16	
17 annual cost of services	330,633
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	392,510
23 adjusted Medicaid payments for services	264,714
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	264,714
26 adjusted cost of services	337,462
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	337,462
35 facility specific UPL amount	72,748
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(228)
39 allocation of supplemental payments	(30,015)
40 total aggregate limit adjustments	(30,243)
41	
42 UPL amount after aggregate limit adjustments	42,505
43 Amount paid in April 2013 for 1st - 3rd quarters	31,879
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>10,626</b>
45 Outpatient overpayment reduction	(16,072)
46 UPL funds - payout or recovery	(5,446)
47 Intergovernmental transfer amount	0
Net funds amount	(5,446)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Southwest GA Regional Med. Ctr.
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	292,489
11 payments for services	128,492
12 annual covered charges	292,489
13 annual payments for services	128,492
14	
15 inpatient CCR	0.416608871
16	
17 annual cost of services	121,854
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	301,876
23 adjusted Medicaid payments for services	132,616
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	132,616
26 adjusted cost of services	125,765
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	125,765
35 facility specific UPL amount	(6,851)
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	6,852
39 allocation of supplemental payments	0
40 total aggregate limit adjustments	6,852
41	
42 UPL amount after aggregate limit adjustments	1
43 Amount paid in April 2013 for 1st - 3rd quarters	1
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>(0)</b>
45 Outpatient overpayment reduction	(16,942)
46 UPL funds - payout or recovery	(16,942)
47 Intergovernmental transfer amount	0
Net funds amount	(16,942)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Sylvan Grove Hospital	
2 base period report period beginning date		01/01/10
3 base period report period ending date		12/31/10
4		
5 adjustment factor (if period not equal to 1 year)		1.0000
6		
7 CAH status (1 = yes)		1
8		
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>		
10 covered charges		69,063
11 payments for services		34,972
12 annual covered charges		69,063
13 annual payments for services		34,972
14		
15 inpatient CCR		0.231476103
16		
17 annual cost of services		15,986
18		
19 <u>adjustment factor</u>		
20 inflation		1.022716
21		
22 adjusted annual charges		70,632
23 adjusted Medicaid payments for services		35,766
24 supplemental rate adjustment payments		0
25 total adjusted Medicaid payments		35,766
26 adjusted cost of services		16,349
27		
28 <u>other UPL calculation data</u>		
29 provider category for UPL calculation	Non-State Govt.	
30 basis for UPL calculation	cost	
31 DRG differential adjustment rate		0.000000
32 maximum annual payments (at DRG differential)		0
33		
34 maximum annual payments		16,349
35 facility specific UPL amount		(19,417)
36		
37 <u>aggregate limit adjustments</u>		
38 allocation of UPL amounts < 0		19,416
39 allocation of supplemental payments		0
40 total aggregate limit adjustments		19,416
41		
42 UPL amount after aggregate limit adjustments		(1)
43 Amount paid in April 2013 for 1st - 3rd quarters		0
44 <b>SFY2013 4th quarter UPL adjustment</b>		<b>0</b>
45 Outpatient overpayment reduction		(13,485)
46 UPL funds - payout or recovery		(13,485)
47 Intergovernmental transfer amount		0
Net funds amount		(13,485)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Warm Springs Medical Center
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	163,832
11 payments for services	83,218
12 annual covered charges	163,832
13 annual payments for services	83,218
14	
15 inpatient CCR	0.648518139
16	
17 annual cost of services	106,248
18	
19 <u>adjustment factor</u>	
20 inflation	1.022716
21	
22 adjusted annual charges	167,554
23 adjusted Medicaid payments for services	85,108
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	85,108
26 adjusted cost of services	108,662
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	108,662
35 facility specific UPL amount	23,554
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(74)
39 allocation of supplemental payments	(9,718)
40 total aggregate limit adjustments	(9,792)
41	
42 UPL amount after aggregate limit adjustments	13,762
43 Amount paid in April 2013 for 1st - 3rd quarters	10,322
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>3,440</b>
45 Outpatient overpayment reduction	(18,314)
46 UPL funds - payout or recovery	(14,874)
47 Intergovernmental transfer amount	0
Net funds amount	(14,874)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Wills Memorial Hospital
2 base period report period beginning date	05/01/09
3 base period report period ending date	04/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	290,515
11 payments for services	170,953
12 annual covered charges	290,515
13 annual payments for services	170,953
14	
15 inpatient CCR	0.694085
16	
17 annual cost of services	201,642
18	
19 <u>adjustment factor</u>	
20 inflation	1.040932
21	
22 adjusted annual charges	302,406
23 adjusted Medicaid payments for services	177,950
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	177,950
26 adjusted cost of services	209,896
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Non-State Govt.
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	209,896
35 facility specific UPL amount	31,946
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(100)
39 allocation of supplemental payments	(13,181)
40 total aggregate limit adjustments	(13,281)
41	
42 UPL amount after aggregate limit adjustments	18,665
43 Amount paid in April 2013 for 1st - 3rd quarters	13,999
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>4,666</b>
45 Outpatient overpayment reduction	(3,112)
46 UPL funds - payout or recovery	1,555
47 Intergovernmental transfer amount	0
Net funds amount	1,555

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Good Samaritan Hospital
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	256,131
11 payments for services	157,352
12 annual covered charges	256,131
13 annual payments for services	157,352
14	
15 inpatient CCR	0.686320642
16	
17 annual cost of services	175,788
18	
19 <u>adjustment factor</u>	
20 inflation	1.022716
21	
22 adjusted annual charges	261,949
23 adjusted Medicaid payments for services	160,926
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	160,926
26 adjusted cost of services	179,781
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Private
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	179,781
35 facility specific UPL amount	18,855
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(94)
39 allocation of supplemental payments	(16,593)
40 total aggregate limit adjustments	(16,687)
41	
42 UPL amount after aggregate limit adjustments	2,168
43 Amount paid in April 2013 for 1st - 3rd quarters	1,626
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>542</b>
45 Outpatient overpayment reduction	(28,137)
46 UPL funds - payout or recovery	(27,595)
47 Intergovernmental transfer amount	0
Net funds amount	(27,595)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Lower Oconee Community Hospital
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	1,476,683
11 payments for services	704,085
12 annual covered charges	1,476,683
13 annual payments for services	704,085
14	
15 inpatient CCR	0.402596543
16	
17 annual cost of services	594,507
18	
19 <u>adjustment factor</u>	
20 inflation	1.022716
21	
22 adjusted annual charges	1,510,227
23 adjusted Medicaid payments for services	720,079
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	720,079
26 adjusted cost of services	608,012
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Private
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	608,012
35 facility specific UPL amount	(112,067)
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	112,067
39 allocation of supplemental payments	0
40 total aggregate limit adjustments	112,067
41	
42 UPL amount after aggregate limit adjustments	(0)
43 Amount paid in April 2013 for 1st - 3rd quarters	0
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>(0)</b>
45 Outpatient overpayment reduction	(8,457)
46 UPL funds - payout or recovery	(8,457)
47 Intergovernmental transfer amount	0
Net funds amount	(8,457)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Mountain Lakes Medical Center
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	127,949
11 payments for services	85,172
12 annual covered charges	127,949
13 annual payments for services	85,172
14	
15 inpatient CCR	0.836703414
16	
17 annual cost of services	107,055
18	
19 <u>adjustment factor</u>	
20 inflation	1.022716
21	
22 adjusted annual charges	130,855
23 adjusted Medicaid payments for services	87,107
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	87,107
26 adjusted cost of services	109,487
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Private
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	109,487
35 facility specific UPL amount	22,380
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(111)
39 allocation of supplemental payments	(19,696)
40 total aggregate limit adjustments	(19,807)
41	
42 UPL amount after aggregate limit adjustments	2,573
43 Amount paid in April 2013 for 1st - 3rd quarters	1,930
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>643</b>
45 Outpatient overpayment reduction	(13,353)
46 UPL funds - payout or recovery	(12,710)
47 Intergovernmental transfer amount	0
Net funds amount	(12,710)



Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Optim Medical Center-Screven
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	307,523
11 payments for services	247,344
12 annual covered charges	307,523
13 annual payments for services	247,344
14	
15 inpatient CCR	0.827358172
16	
17 annual cost of services	254,432
18	
19 <u>adjustment factor</u>	
20 inflation	1.032094
21	
22 adjusted annual charges	317,393
23 adjusted Medicaid payments for services	255,282
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	255,282
26 adjusted cost of services	262,598
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Private
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	262,598
35 facility specific UPL amount	7,316
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(36)
39 allocation of supplemental payments	(6,438)
40 total aggregate limit adjustments	(6,474)
41	
42 UPL amount after aggregate limit adjustments	842
43 Amount paid in April 2013 for 1st - 3rd quarters	632
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>210</b>
45 Outpatient overpayment reduction	(13,053)
46 UPL funds - payout or recovery	(12,843)
47 Intergovernmental transfer amount	0
Net funds amount	(12,843)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Optim Medical Center-Tattnall
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	3,800,672
11 payments for services	524,452
12 annual covered charges	3,800,672
13 annual payments for services	524,452
14	
15 inpatient CCR	0.3107461
16	
17 annual cost of services	1,181,044
18	
19 <u>adjustment factor</u>	
20 inflation	1.022716
21	
22 adjusted annual charges	3,887,008
23 adjusted Medicaid payments for services	536,365
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	536,365
26 adjusted cost of services	1,207,873
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Private
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	1,207,873
35 facility specific UPL amount	671,508
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(3,345)
39 allocation of supplemental payments	(590,947)
40 total aggregate limit adjustments	(594,292)
41	
42 UPL amount after aggregate limit adjustments	77,216
43 Amount paid in April 2013 for 1st - 3rd quarters	57,912
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>19,304</b>
45 Outpatient overpayment reduction	(96,787)
46 UPL funds - payout or recovery	(77,483)
47 Intergovernmental transfer amount	0
Net funds amount	(77,483)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Phoebe Worth Medical Center
2 base period report period beginning date	08/01/09
3 base period report period ending date	07/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	241,890
11 payments for services	131,589
12 annual covered charges	241,890
13 annual payments for services	131,589
14	
15 inpatient CCR	0.580406401
16	
17 annual cost of services	140,395
18	
19 <u>adjustment factor</u>	
20 inflation	1.028252
21	
22 adjusted annual charges	248,724
23 adjusted Medicaid payments for services	135,307
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	135,307
26 adjusted cost of services	144,361
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Private
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	144,361
35 facility specific UPL amount	9,054
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(45)
39 allocation of supplemental payments	(7,968)
40 total aggregate limit adjustments	(8,013)
41	
42 UPL amount after aggregate limit adjustments	1,041
43 Amount paid in April 2013 for 1st - 3rd quarters	781
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>260</b>
45 Outpatient overpayment reduction	(22,301)
46 UPL funds - payout or recovery	(22,041)
47 Intergovernmental transfer amount	0
Net funds amount	(22,041)

Georgia Department of Community Health  
SFY2013 Hospital Inpatient UPL Calculation - 4th quarter

Facility Name	Stewart Webster Hospital
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10 covered charges	211,120
11 payments for services	165,272
12 annual covered charges	211,120
13 annual payments for services	165,272
14	
15 inpatient CCR	0.817790712
16	
17 annual cost of services	172,652
18	
19 <u>adjustment factor</u>	
20 inflation	1.020655
21	
22 adjusted annual charges	215,481
23 adjusted Medicaid payments for services	168,686
24 supplemental rate adjustment payments	0
25 total adjusted Medicaid payments	168,686
26 adjusted cost of services	176,218
27	
28 <u>other UPL calculation data</u>	
29 provider category for UPL calculation	Private
30 basis for UPL calculation	cost
31 DRG differential adjustment rate	0.000000
32 maximum annual payments (at DRG differential)	0
33	
34 maximum annual payments	176,218
35 facility specific UPL amount	7,532
36	
37 <u>aggregate limit adjustments</u>	
38 allocation of UPL amounts < 0	(38)
39 allocation of supplemental payments	(6,628)
40 total aggregate limit adjustments	(6,666)
41	
42 UPL amount after aggregate limit adjustments	866
43 Amount paid in April 2013 for 1st - 3rd quarters	650
44 <b>SFY2013 4th quarter UPL adjustment</b>	<b>216</b>
45 Outpatient overpayment reduction	(4,433)
46 UPL funds - payout or recovery	(4,217)
47 Intergovernmental transfer amount	0
Net funds amount	(4,217)